

WEBBERVILLE COMMUNITY SCHOOLS ENROLLMENT FORM

It is administrative policy in Webberville Community School District that a parent(s) or legal guardian(s) must accompany new students when they enroll.

Student's Name: (Last, First, MI)		Birth Date:	Sex:	Grade:	Age:
Address: (Street and P.O. Box)		City, State, Zip:			
Phone Number:	Social Security Number:	City or Twp. of Birth:		State of Birth:	
Last School Attended:		Date Student Left School:		Last Grade:	
Residence (Check One) <input type="checkbox"/> In-District, <input type="checkbox"/> Out-Of-District/School of Choice, <input type="checkbox"/> Homeless/Living w/Another Family					
Native Language of Student/Family (Check One) <input type="checkbox"/> English, <input type="checkbox"/> Spanish, <input type="checkbox"/> Other *Please Indicate*:					

If the student is a ward of the court that has been placed in our school district, please indicate the name of the county agency making the referral: _____

Adult MALE with whom child resides:	Adult FEMALE with whom child resides:
Relationship to Student:	Relationship to Student:
Occupation:	Occupation:
Place of Employment:	Place of Employment:
Work Phone:	Work Phone:

Biological Parent NOT living with child:	Phone Number:
Present Address: (Street and P.O. Box):	City, State, Zip:
Reason: (Check One) <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/> Other *Please Explain*	

Continued on Reverse Side of Form

Name and Birth Date of BROTHERS:	Name and Birth Date of SISTERS:
Total Number of People Living Together in Family Unit:	

Any health problems or medications your child takes that we should know about: _____

Please indicate any Additional Education services your child has received:

Speech/Language, 504 Plan, Social Work, IEP/Special Education,

Other Physical/Mental Disability, Other (Please describe) _____

I certify that the above information is true and complete to the best of my knowledge. I also understand that incorrect information could lead to dismissal of the student involved.

Parent/Guardian's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY	
Immunization Record:	Birth Certificate:
Proof of Residency:	Record Release Form:
Concussion Form:	Previous Attendance Record:
Free/Reduced Meals Form:	Previous Behavioral Record:
SOC Approval (If Applicable):	Requested Start Date:
IEP Forwarded to Spec. Ed. Director:	Date:
Student Checked in By:	Date: